

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1460

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD # 1</u>		STREET ADDRESS (If rural, give location) <u>RFD # 1</u>	
3. NAME OF DECEASED (Type or Print) <u>CLARA</u> (First) <u>MAY</u> (Middle) <u>ANDREWS</u> (Last)		4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/4/1887</u>
9. AGE last birthday <u>63</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Stephen O. LeCompte</u>		14. MOTHER'S MAIDEN NAME <u>Clara Brohawn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>T. LeCompte Andrews, Cambridge, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Cerebral Hemorrhage (trauma)</u>	<u>2 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Arteriosclerosis, Atherosclerosis, Hypertension</u>	<u>5 yrs.</u>
	(c) <u>Prostatic hypertrophy</u>	<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>no</u>	(CITY OR TOWN) <u>no</u> (COUNTY) <u>no</u> (STATE) <u>no</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>no</u>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>no</u>

22. I hereby certify that I attended the deceased from 2-10, 1951, to 2-18, 1951, that I last saw the deceasedlive on 2-18, 1951, and that death occurred at 3:25 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/20/1951</u>	NAME OF CEMETERY OR CREMATORY <u>East New Market</u>	LOCATION (City, town, or county) <u>East New Market</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 22, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service,</u>		

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

1461

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1.16

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>7 Charles Street</u>		STREET ADDRESS (If rural, give location) <u>7 Charles Street</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Willie</u> (Middle) <u>Bethune</u> (Last) <u>Bethune</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>about 1919</u>
9. AGE last birthday <u>31</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Florence Bethune Cambridge Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1. Immediate cause (a) <u>Hemorrhage</u>		
2. Antecedent cause(s) (b) <u>Star wound Pulmonary artery</u>		<u>1 hr</u>
3. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	(CITY OR TOWN) <u>Cambridge</u> (COUNTY) <u>CD</u> (STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2 17 51 10 30</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Struck by wife</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

SIGNATURE (Degree or title) John Mace, Jr., M.D. ADDRESS Cambridge, Md DATE SIGNED 2/20/51

23. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>2-26-51</u>	NAME OF CEMETERY OR CREMATORY <u>Hebrew Cemetery</u>	LOCATION (City, town, or county) <u>North Carolina</u> (State) <u></u>
DATE REC'D BY LOCAL REG. <u>Feb. 22, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Lewis Bayne</u>	ADDRESS <u>Cambridge, Maryland 970000</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1462

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rhodesdale - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rhodesdale - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Brookview</u>		STREET ADDRESS (If rural, give location) <u>Near Brookview</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>D. Linwood Brinsfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 6 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1876</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year (Months) (Days) (Hours) (Min.) <u>19 51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dennard H. Brinsfield</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Calvin L. Brinsfield, Cambridge, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Carcinoma Rectum

INTERVAL BETWEEN ONSET AND DEATH

5 or 6 years

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1948 to Feb 6, 1951, that I last saw the deceasedalive on Feb 5, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. B. KuhlmanM. D.Sharptown, MarylandFebruary 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 9, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Brookview Cemetery</u>	LOCATION (City, town, or county) (State) <u>Rhodesdale, Md., R.F.D.</u>
DATE REC'D BY LOCAL REG. <u>Feb 9-1951</u>	REGISTRAR'S SIGNATURE <u>Charles H. Hastings</u>	24. FUNERAL DIRECTOR <u>J. J. Framptom and Son, Federalsburg, Md.</u>	ADDRESS

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 19 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1463

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>105 Franklin Street</u>		STREET ADDRESS (If rural, give location) <u>105 Franklin Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDGAR</u> (Middle) <u>M</u> (Last) <u>CANNON</u>	4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/5/1887</u>
9. AGE last birthday <u>63</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Fishing Indust.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James Cannon</u>	
14. MOTHER'S MAIDEN NAME <u>Julia Mason</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>not known</u>		17. INFORMANT AND ADDRESS <u>Mrs. Amelia Willey Cannon- Cambridge, Md.</u>	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Accidents</u>	<u>2 Min.</u>
Antecedent cause(s) (b) <u>Arterio-sclerotic hypertensive cardiac vascular renal disease -</u>	<u>5 years</u>
(c) _____	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN)	(COUNTY)
(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 7, 1949, to Feb 10, 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 1:25 P m., from the causes and on the date stated above.

SIGNATURE Eldridge H. Befford (Degree or title) ADDRESS Cambridge, Maryland DATE SIGNED 2-12-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/12/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park, Cambridge, Maryland</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>2-12-51</u>	REGISTRAR'S SIGNATURE <u>John Mace Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, 9101 26 Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1951
BUREAU T.S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridge</u> TOWN <u>Life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>25 Hubert Street</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u> TOWN <u>Life</u> STREET ADDRESS (If rural, give location) <u>25 Hubert Street</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE J. CLASH</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>February 28, 1951</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, <u>Divorced</u> (Specify)	8. DATE OF BIRTH <u>9-12-1900</u> 9. AGE last birthday <u>50</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Maryland</u>
13. FATHER'S NAME <u>Emory Clash</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Plater</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>214-18-4274</u>	17. INFORMANT AND ADDRESS <u>Mrs. Ruby Clash, Cambridge, Md.</u>

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
1. Immediate cause (a) <u>Cerebral hemorrhage</u> 2. Antecedent cause(s) (b) <u>Hypertensive cardio-vascular disease.</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>?</u>			1 hour
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>John Mace, Jr.</u> (Degree or Title)		ADDRESS <u>Deputy Medical Examiner, Cambridge, Md.</u>	
DATE SIGNED <u>3-1-1951</u>			
23. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		DATE THEREOF <u>3-4-51</u>	NAME OF CEMETERY OR CREMATORY <u>Waugh Cemetery</u>
LOCATION (City, town, or county) <u>Cambridge, Maryland</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>March 1, 1951</u>		REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Herbert M. St. Clair, Jr.</u>
		ADDRESS <u>Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1465

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>302 Muir Street</u>		STREET ADDRESS (If rural, give location) <u>302 Muir Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emily</u>	(Middle) <u>E.</u>	(Last) <u>Colder</u>
4. DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>8</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 11 1911</u>
9. AGE last birthday <u>39</u> yrs. <u>10</u> months <u>27</u> days		10. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>R.F.D. #3 Cambridge Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Jackson</u>		14. MOTHER'S MAIDEN NAME <u>Annie Ennells</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>George Colder, Cambridge Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Diabetes Mellitus

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10-17, 1950, to 2-8, 1951, that I last saw the deceased

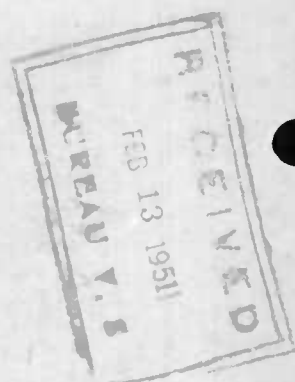
alive on 2-7-51, 1951, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE <u>F. E. Brady, M.D.</u>	DATE SIGNED <u>2-8-51</u>			
23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/11/51</u>	<u>Naugh Cemetery</u>	<u>Cambridge</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2-9-51</u>	<u>John Mear Jr. M.D.</u>	<u>Herbert M. St. Clair, Jr.</u>	<u>Cambridge Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dor.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u> TOWN STREET ADDRESS <u>209 Day Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Howard</u>	(Middle) <u>Randolph</u>	(Last) <u>Cooper</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>Oct 17-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>	9. AGE last birthday <u>62</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Wicomico Co, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Albert R. Cooper</u>		14. MOTHER'S MAIDEN NAME <u>Delia White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs Bertha Cooper, Cambridge</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause
94a Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Coronary Thrombosis.

INTERVAL BETWEEN ONSET AND DEATH
6 hours

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-26, 1951 to 2-26, 1951; that I last saw the deceased

alive on 2-26, 1951, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE <u>Charles D. Tucker, Md.</u>	(Degree or title)	ADDRESS <u>9 Race St. Cambridge - Maryland</u>	DATE SIGNED <u>2-27</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-28-51</u>	NAME OF CEMETERY OR CREMATORY <u>Newlawn</u>	LOCATION (City, town, or county) (State) <u>Cambridge Md</u>
DATE REC'D BY LOCAL REG. <u>March 1, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr.</u>	24. FUNERAL DIRECTOR <u>St. Matthews L. Thomas</u>	ADDRESS <u>Cambridge Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7408449



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>406 Pine St.</u>		STREET ADDRESS (If rural, give location) <u>406 Pine St. Cambridge, Md.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Alberta</u> <u>A</u> <u>Cornish</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>7</u> <u>19 51</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1886</u>
9. AGE last birthday <u>84</u> ? yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Mosses Chester</u>		14. MOTHER'S MAIDEN NAME <u>John A. Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>John A. Cornish</u> <u>406 Pine St. Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary occlusion</u>		
Antecedent cause(s) (b) <u>420.1</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>94a</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 2-7-, 1951, that I last saw the deceased alive on 2-7-, 1951, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) ADDRESS 232 Cedar St. Cambridge, Md. DATE SIGNED 2-9-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 11, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>2-11-51</u>	REGISTRAR'S SIGNATURE <u>John Mace Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>Lewis H. Baynuem</u>	ADDRESS <u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1468

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>2 Allen Street</u>	
3. NAME OF DECEASED (Type or Print) <u>James</u> (First) (Middle) (Last) <u>Cornish</u>		4. DATE OF DEATH <u>Feb 26</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4/15/1903</u>
9. AGE last birthday <u>47</u> yrs. <u>10</u> months <u>12</u> days		10. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Md</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Noah Cornish</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Cornish</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs Priscilla Hayward, Cambridge, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) UremiaAntecedent cause(s) (b) Hypertension Arterio renal Vascular DiseaseDiseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Optic atrophyINTERVAL BETWEEN ONSET AND DEATH 2 daysII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐ (STATE)

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY)

HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Feb 26, 1951, that I last saw the deceasedalive on Feb 26, 1951, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Mar. 1, 1951 Waucho Cemetery Cambridge, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

March 1, 1951 John Mace, Jr. Herbert M. St. Clair, Jr. Camb., Md.

970346

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1951
SI BBAU 4.8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1469

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Tyrene (First) Baby Boy (Middle) MASTER CORNISH (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1951	
5. SEX Male	6. COLOR OR RACE Black	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1/31/51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE last birthday (If under 1 year, Months; Days; If under 24 hrs. Hours; Min.) 2 yrs. 2 Days
11. BIRTHPLACE (State or foreign country) Cambridge, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Herbert Cornish		14. MOTHER'S MAIDEN NAME Celia Mae Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT Hospital Records.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) **Congenital atelectasis****2 days**

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURLIAL, CREMATION REMOVAL (Specify) Buried		DATE THEREOF 2-5-51	NAME OF CEMETERY OR CREMATORY Disney Cemetery	LOCATION (City, town, or county) Cambridge	(State) Md.
DATE REC'D BY LOCAL REG. 2-5-51	REGISTRAR'S SIGNATURE John Maciej MD	24. FUNERAL DIRECTOR Lewis H. Rayburn		ADDRESS Cambridge Md.	

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FEB 8 1991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1470

CERTIFICATE OF DEATH

Reg. Dist. No. 110

The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shurlock</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>50 yrs.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shurlock</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>James Hough Cottman</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>13</u> (Year) <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4/13/1873</u>	9. AGE last birthday <u>77</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>By the merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own store</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>William Cottman</u>		14. MOTHER'S M maiden NAME <u>Elizabeth Ballard</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT AND ADDRESS <u>Mrs. James H. Cottman wife</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Carcinoma of liver

INTERVAL BETWEEN ONSET AND DEATH

2 months

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF While at Not While
INJURY m. Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1950, to Feb. 13, 1951, that I last saw the deceasedalive on Feb. 12, 1951, and that death occurred at 10:00 A.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. Harrison MDShurlock Md. 2/14/51

23. BURIAL, CREMATION (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb 13-1951Charles Hartings412 Willoughby Club Shurlock Md. 290646

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1471

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.		STREET ADDRESS (If rural, give location) Stone Boundry Rd. Rt.#2	
3. NAME OF DECEASED (Type or Print)	(First) EMERSON	(Middle)	(Last) DRYDEN
4. DATE OF DEATH	(Month) FEB	(Day) 6	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11/17/1950
9. AGE last birthday none yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (never employed)	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clarence Dryden	
14. MOTHER'S MAIDEN NAME Helen Ruark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Mrs. Clarence Dryden- Cambridge, Md. Rt. #2	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cerebral hemorrhage**

Antecedent cause(s)

(b) **Status Thymo-lymphaticus**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) **Hypoparapodia**

INTERVAL BETWEEN ONSET AND DEATH

25 hrs.**2 mos 19 days****" "**II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov. 17, 1950**, to **Feb 6, 51**, that I last saw the deceasedalive on **Feb 6, 51**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.SIGNATURE **John M. Bunker** (Degree or title) **MD** ADDRESS **9 Rae St. Cambridge** DATE SIGNED **2-6-51**

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/7/1951	Dorchester Memorial Park	Cambridge, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
2-7-51	John M. Bunker MD	LeCompte Funeral Service, Cambridge, Maryland		

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1951
BUREAU V. I.

Evidence change
item 10 on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1472

CERTIFICATE OF DEATH

Reg. Dist. No. 116

131 FEB 23 1951

1. PLACE OF DEATH- COUNTY Dorchester STATE MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Worchester	
CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) Snow Hill (rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS Newark (If rural, give location)	
3. NAME OF DECEASED (Type or Print) John C. Hayward		4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Jan. 18, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Snow Hill, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Hayward		14. MOTHER'S MAIDEN NAME Sally Boone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give year or dates of service)		17. INFORMANT AND ADDRESS Mrs. C.M. Reed, 418W Stafford St. Phila.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

General Arterio-Sclerosis, Nephrosclerosis also

Several Years

(c)

Senile Psychosis with Cerebral Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb. 2**, 19**51**, to **Feb. 12**, 19**51**, that I last saw the deceased alive on **Feb. 12**, 19**51**, and that death occurred at **10:30** p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURNAL CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Partial	Feb. 13/51	Chesapeake	Snow Hill	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. GENERAL DIRECTOR	ADDRESS	
2-14-51	John Mace Jr. M.D.	Wayne E. Smith M.D.	Eastern Shore State Hospital	

VVV6091

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1473

CERTIFICATE OF DEATH

Reg. Dist. No. 116

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY Dorchester CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Cedar Street		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge STREET ADDRESS (If rural, give location) 222 Cedar Street	
3. NAME OF DECEASED (Type or Print) JOSIAH F. HENRY, SR.		4. DATE OF DEATH February 18, 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 10-7-1866
9. AGE last birthday 84 yrs. 4 Months 17 Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodyard Business	
11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henson Henry		14. MOTHER'S MAIDEN NAME Mary Ann Kean	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. no	
17. INFORMANT AND ADDRESS Leon W. Henry (Son)			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

Immediate cause

(a) **Starvation**

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Psychosis, senile****1 yr**(c) **Arteriosclerosis, given?**

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY
m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 17, 1951**, to **Feb 18, 1951** that I last saw the deceasedalive on **Feb 18, 1951**, and that death occurred at **9:00 P.M.** from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

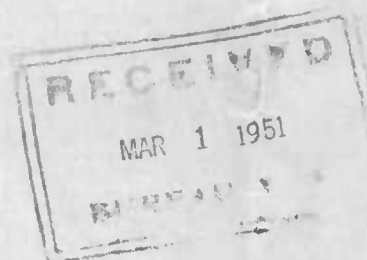
Feb 27, 1951**John Mace, Jr., M.D.****Lewis Henry Mace, Cambridge, Md.**

222 Cedar Street

970697

MARGIN RESERVED FOR BINDING

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1474

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>(Rural) Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>(Rural) Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>(none)</u>		STREET ADDRESS <u>(none)</u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES</u> (First) <u>M.</u> (Middle) <u>HIGGINS</u> (Last)		4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/24/1861</u>
9. AGE last birthday <u>89</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Higgins</u>		14. MOTHER'S MAIDEN NAME <u>Anna Ward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Herbert Higgins, Town Point, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1 Immediate cause

(a) Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

1 day93d Antecedent cause(s)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last(b) Arteriosclerosis Generalized4 years(c) Senile Gangrene both extremities8 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from June 1, 1950, to Feb 13, 1951, that I last saw the deceased alive on February 10, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/17/51</u>	NAME OF CEMETERY OR CREMATORY <u>East New Market Cemetery</u>	LOCATION (City, town, or county) <u>East New Market, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>2-17-51</u>	REGISTRAR'S SIGNATURE <u>John M. Macdonald M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, 290116</u>		

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1475

Evidence for change
in #1 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

FILE No. G 131 MAR 5 1951

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> STATE <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge - Crapo</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>58 Washington Street</u>		STREET ADDRESS (If rural, give location) <u>58 Washington Street</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>James Edward Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 18, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>61</u> yrs. <input type="checkbox"/> II under 1 year <input type="checkbox"/> I under 24 hrs
11. BIRTHPLACE (State or foreign country) <u>Crapo, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Julia Johnson</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) (b) 420.1

97a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH
5 min

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>2-21-51</u>	<u>Crapo Cemetery</u>	<u>Crapo, Maryland</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Feb. 22, 1951</u>	<u>John Mace, Jr., M.D.</u>	<u>Lewis H. Bayneum</u>	<u>Cambridge, Md.</u>

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 28 1951
BUREAU A. I.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
in 18 shown on:

FILM No. G 131 FEB 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

1476

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Cambridge		LENGTH OF STAY (In this place) 1 day		CITY (If outside corporate limits, write RURAL and give nearest town) OR Rhodesdale			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Maryland Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)		(First) Martin		(Middle)		(Last) Jones	
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY No. None		17. INFORMANT Mrs. Josephine Hooper, Vienna, Md.	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
792 X Immediate cause (a) Uremia						2 days	
132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) (Underlying cause Unknown - 2-21-51 - ams)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE John Mace Jr. M.D.				(Degree or title)		DATE SIGNED 2-13-51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb. 14, 1951		NAME OF CEMETERY OR CREMATORY Vienna Colored Cemetery		LOCATION (City, town, or county) Vienna, Maryland	
DATE REC'D BY LOCAL REG. 2-13-51		REGISTRAR'S SIGNATURE John Mace Jr. M.D.		24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.		ADDRESS	

VS. A15A

T

970116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1477 116

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>rural Cambridge</u> TOWN <u>Cambridge</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u> TOWN <u>Grasonville</u> STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>LINWOOD</u> (Middle) <u>EMORY</u> (Last) <u>LANE</u>	4. DATE OF DEATH (Month) <u>24</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11/25/73</u>
9. AGE last birthday <u>77</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>capt. of sailing vessel</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>unknown</u>	14. MOTHER'S MAIDEN NAME <u>unknown</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x Immediate cause (a) Hypostatic pneumonia
 Antecedent cause(s) (b) Carcinoma of descending colon
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 daysdiagnosed sev. weeks ago.Several years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Psychosis due to Cerebral Arteriosclerosisone week

18a. DATE OF OPERATION	18b. MAJOR FINDINGS OF OPERATION	19. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1957, to Feb 16, 1957, that I last saw the deceasedalive on Feb 16, 1957, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Appl. S. Ledermann M.D.Eastern Shore State Hosp. Cambridge, Md. 2/16/57

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2-16-51</u>	<u>John Maceys M.D.</u>	<u>Barton Bros Centerville, Md.</u>	<u>240546</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 19 1951
BUREAU Y. I.

MARYLAND STATE DEPARTMENT OF HEALTH

1478

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glasgow Street</u>		STREET ADDRESS (If rural, give location) <u>Glasgow Street</u>	
3. NAME OF DECEASED (First) <u>Maggie</u> (Middle) <u>Webb</u> (Last) <u>Marshall</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>5</u> (Year) <u>1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>7-7-1871</u>
9. AGE last birthday <u>79</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Webb</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Reid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Miss Nellie Marshall Washington, DC</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>	<u>5 min.</u>
Antecedent cause(s) (b) <u>Hypertensive cardio-vascular disease</u>	<u>?</u>
(c) <u> </u>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Nnt while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from ☐ natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John Mace Jr. M.D. (Degree or title) ADDRESS Deputy Cambridge, Maryland DATE SIGNED 2-6-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-7-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	LOCATION (City, town, or county) (State) <u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>2-6-51</u>	REGISTRAR'S SIGNATURE <u>John Mace Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service</u>	ADDRESS <u>Cambridge, Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1470

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 High Street		STREET ADDRESS 305 High Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) NELLIE ELLEN NUTTER		4. DATE OF DEATH (Month) (Day) (Year) February 23, 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-30-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Homes	9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wesley Deshields		14. MOTHER'S MAIDEN NAME Luvenia Newnam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Evelyn Davis, Chester, Pa.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion Antecedent cause(s) (b) 420-1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 94a		5 Min.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

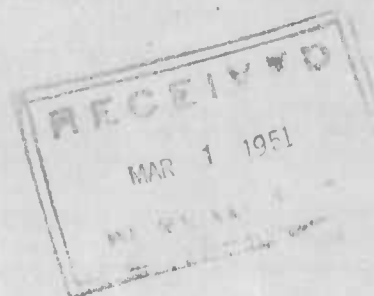
John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 2-24-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-27-51	NAME OF CEMETERY OR CREMATORY Waucho Cemetery	LOCATION (City, town, or county) Cambridge, Maryland (State)
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. Feb. 26, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr.	ADDRESS Cambridge, Maryland 220826
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 3 shown on:

FILE No. G 131 MAR 21 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1480

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Madison, Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Madison, Md</u>	
TOWN <u>Madison, Md</u>		TOWN <u>Madison, Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Madison, Md</u>		STREET ADDRESS (If rural, give location) <u>Madison R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) <u>Andrew Opher</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>Feb 24</u>	(Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>Jan 11/15</u>
9. AGE last birthday <u>36</u> yrs.	10. AGE last birthday	11. BIRTHPLACE (State or foreign country) <u>Woodford, Md</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	13. FATHER'S NAME <u>Andrew Opher</u>	
14. MOTHER'S NAME <u>Sophia Camper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>X220 075445</u>		17. INFORMANT AND ADDRESS <u>Mary Opher, wife.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary thrombosis</u>			
Antecedent cause(s) (b) <u>430.1</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>94a</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-23</u> , 19 <u>51</u> , to <u>2-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-24</u> , 19 <u>51</u> , and that death occurred at <u>7:55</u> m., from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS <u>MD 232 Cedar St</u>	
DATE SIGNED <u>2-27-51</u>			
23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <u>Feb 28</u>	NAME OF CEMETERY OR CREMATORY <u>Madison Cem</u>	LOCATION (City, town, or county) (State) <u>Madison, Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb 28, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Seamus H. Boyne</u>	ADDRESS <u>Cambridge, Md. 970 00.0</u>

100-2447

RECEIVED
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BUREAU A. B.

Evidence change
item 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1481

6 131 FEB 23 1957 CERTIFICATE OF DEATH

Reg. Dist. No. 116

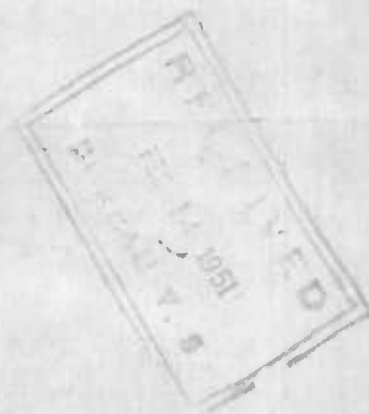
1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>in Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Westover</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location) <u>--</u>	
3. NAME OF DECEASED (First) <u>Julia</u> (Middle) <u>Adkins</u> (Last) <u>Rue</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-9-1879</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year: Months <u>7</u> Days <u>11</u> Hours <u>19</u> Min. <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Joseph Wheatley</u>		14. MOTHER'S MAIDEN NAME <u>Mary Parsons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>--</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>4 weeks</u>	
Antecedent cause(s) (b) <u>Hypertensive cardio-vascular disease</u>		<u>1946</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Senile Psychosis with cerebral arteriosclerosis</u>		<u>Nov. 1950</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-8-50</u> , 19 <u>50</u> , to <u>2-10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>57</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>R. G. Blackwelder, M.D.</u> (Degree or title)		ADDRESS <u>E.S.S. Hospital, Cambridge, Maryland</u> DATE SIGNED <u>X</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-13-1957</u>	NAME OF CEMETERY OR CREMATORY <u>All Saint Cemetery</u>	LOCATION (City, town, or county) (State) <u>Monie, Maryland</u>
DATE REC'D BY LOCAL REG. <u>2-12-57</u>	REGISTRAR'S SIGNATURE <u>John Mac Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>Princess Anne, Maryland</u>	ADDRESS <u>Princess Anne, Maryland</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u> TOWN <u>all life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u> TOWN <u>Hurlock</u> STREET ADDRESS <u>Taylor Ave</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Martin</u> (Middle) <u>Luther</u> (Last) <u>Sellers</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DECEASED (Specify)	8. DATE OF BIRTH <u>10/8/1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mr. Monahan's</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alcohol Care</u>	9. AGE last birthday <u>48</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Sellers</u>		14. MOTHER'S MAIDEN NAME <u>Leanne Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Mrs Martin L. Sellers (Wife)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) (c)

INTERVAL BETWEEN ONSET AND DEATH

1 hour11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 15, 1951, to Feb 15, 1951, that I last saw the deceased alive on Feb 15, 1951, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

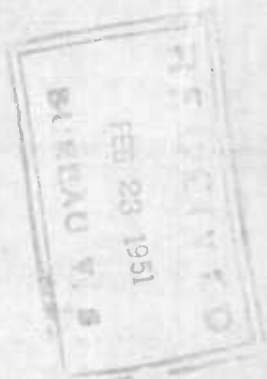
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Removal</u>	<u>2/18/51</u>	<u>Washington</u>	<u>Hurlock, Dor, Md.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REC	RITMASTER'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Feb 18-1951</u>	<u>Charles Hastings</u>	<u>W. L. Bell</u>	<u>Hurlock, Dor, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1483

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u>	
TOWN <u>Hurlock</u>		TOWN <u>Hurlock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Infant</u> <u>Simmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 24</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 24, 1951</u>
9. AGE last birthday <u>0</u> yrs.		10. If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>4</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Howard Mace Simmons</u>		14. MOTHER'S MAIDEN NAME <u>Lorraine Saunders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT <u>mother</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>prematurity</u>		<u>4 hrs.</u>
Antecedent cause(s) (b) <u>acute infectious disease of mother</u>		<u>1 day</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6:30; 2/24, 1951, to 10:30; 2/24, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/24/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Hoopers Island Md</u>	LOCATION (City, town, or county) <u>Below Cambridge Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>2/24/51</u>	REGISTRAR'S SIGNATURE <u>Charles Hastings</u>	24. FUNERAL DIRECTOR <u>Howard Mace Simmons, father</u>	ADDRESS <u>Hurlock Md</u>	

102 241202261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1951
DEPT. V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1484

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hurlock - Rural		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hurlock - Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waddell's Corner		STREET ADDRESS (If rural, give location) Waddell's Corner	
3. NAME OF DECEASED (Type or Print)	(First) Ollie	(Middle) I. A.	(Last) Spry
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 12, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 60 yrs.
11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Stephen Cephas		14. MOTHER'S MAIDEN NAME Laura Neal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Ernest Spry, Hurlock, Maryland, R.F.D.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
260 x Immediate cause	(a) Pulmonary Embolism	acute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension, rt. foot & leg	2 mo.
	(c) Diabetes mellitus; hepatomegaly	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension CVD		?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:13 a.m., from the causes and on the date stated above.

SIGNATURE <i>W. D. Campbell, M.D.</i>	(Degree or title) M.D.	ADDRESS Campbell, Md.	DATE SIGNED Feb 9, '51
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Feb. 10, 1951	NAME OF CEMETERY OR CREMATORY Petersburg Cemetery	LOCATION (City, town, or county) (State) Near Hurlock, Maryland
DATE REC'D BY LOCAL REG. Feb 10, 1951	REGISTRAR'S SIGNATURE <i>Charles Hastings</i>	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural Cambridge		LENGTH OF STAY (in this place) 9 days		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS 115 Muir Street (If rural, give location)			
3. NAME OF DECEASED (Type or Print) JOHN (First)		WASHINGTON (Middle)		TALL (Last)	
4. DATE OF DEATH Feb. (Month)		14 (Day)		1951 (Year)	
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	
8. DATE OF BIRTH 5/22/1872		9. AGE last birthday 73 yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Madison, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME John Tall			
14. MOTHER'S MAIDEN NAME Hopkins (?)				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cerebral Hemorrhage**

Antecedent cause(s)

Disease or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) **General Arteriosclerosis**(c) **Cerebral Arteriosclerosis**INTERVAL BETWEEN
ONSET AND DEATH
**few
minutes****several
yrs.**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.**Senile Psychosis****1 year**

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 5**, 19**51**, to **Feb. 14**, 19**51**, that I last saw the deceased
alive on **Feb. 14**, 19**51**, and that death occurred at **10:10** a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

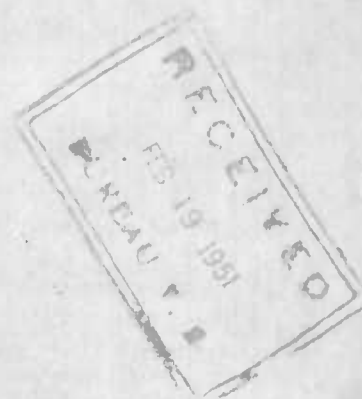
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/16/51		NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park, Cambridge, Maryland	
DATE REC'D BY LOCAL REG. 2-15-51		REGISTRAR'S SIGNATURE John Mace Jr. M.D.		24. FUNERAL DIRECTOR LeCompte Funeral Service, 501817 Cambridge, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1486

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Holly (rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mt. Holly (rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt. #50 (nr. Cambridge)</u>		STREET ADDRESS (If rural, give location) <u>Rt. #50 (nr. Cambridge)</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>J.</u> (Last) <u>Thomas</u>	4. DATE OF DEATH	(Month) <u>Feb.</u> (Day) <u>13</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/25/1875</u>
9. AGE last birthday <u>75</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY OWN <u>General Merchandise</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John W. Thomas</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Tunis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Carroll Thomas - Cambridge, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

93d Antecedent cause(s) (b) Chronic myocarditis

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis

Sudden6 years14 yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1951, to Feb. 13 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/15/51</u>	<u>Dorchester Memorial Park</u>	<u>Cambridge, Md.</u>	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>2/15/51</u>	<u>John Mace Jr., M.D.</u>	<u>St. Bonifacio Funeral Service 390 689</u> <u>Cambridge, Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH - COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Secretary</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Secretary</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Mary</u> (Middle) <u>(none)</u> (Last) <u>Whiteley</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DECEASED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/8/1876</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ignatius Mosey</u>		14. MOTHER'S MAIDEN NAME <u>Hannah (Don't know)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>Blank</u>	
17. INFORMANT AND ADDRESS <u>Frank Mosey (Brother)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

General Arteriosclerosis

1 yr +

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) (m.)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/7, 1951, to 2/12, 1951, that I last saw the deceased

alive on 2/11, 1951, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE W. Harrison MD (Degree or title) ADDRESS Burlock Md. DATE SIGNED 2/14/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Removal</u>	<u>2/14/51</u>	<u>Chapman & Son</u>	<u>Secretary, Dor. Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/14/51</u>	<u>Elizabeth C Smith</u>	<u>810 Milling Way</u>	<u>Burlock</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 14 1951
BUREAU A. S.